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LOS ANGELES COUNTY

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July 22, 2009

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.  
Interim Director

SUBJECT: **ELECTIVE AND/OR NON-CHRONIC SERVICES PROVIDED  
BY THE DEPARTMENT OF HEALTH SERVICES**

On April 28, 2009, your Board instructed the Chief Executive Officer, in consultation with the Department of Health Services (DHS), to reevaluate the current scope of elective and/or non-chronic disease services being provided to all patients and report back to the Board in 30 days on any potential changes in services and associated savings that could be realized.

In general, DHS provides medical care to patients that present with health conditions or symptoms that are life-threatening, acute, chronic, and/or constitute a communicable disease which is a threat to the general public. In addition, the federal Emergency Medical Treatment and Active Labor Law (EMTALA), and State anti-dumping laws require that any patient who presents to a hospital emergency department be provided a medical screening examination and care necessary to stabilize his or her condition.

On March 1, 2004, DHS fully implemented a policy limiting non-emergency medical care to Los Angeles County residents. Pursuant to this policy, individuals who cannot verify a Los Angeles County address and who do not have third party coverage or who cannot pay full charges will not receive non-emergency care from DHS facilities.

DHS is determining the resources that would be required to conduct an in-depth review of all medical, surgical, and diagnostic services and procedures available in DHS facilities. In the interim, DHS surveyed all facilities to create an overview of the scope of services currently available in DHS facilities, included in Attachment A. There are two categories of unavailable services; those that are not provided in any DHS facility and those that are provided on a very limited basis if: 1) the services are revenue offset, 2) if the service is a component of a medical residency training program, or 3) when the patient is being treated by DHS for an acute or chronic medical condition and the need for the service is determined based on clinical circumstances.

Please contact me if you have any questions or need additional information.

JFS:ct

Attachment

c: Chief Executive Officer  
Acting County Counsel  
Executive Officer, Board of Supervisors

## **COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES**

### **AVAILABLE AND UNAVAILABLE SERVICES**

(Subject to Available Resources)

#### **Available Services**

Services available to all patients who are residents of the County include:

- Ambulatory care including preventative and primary care for patients with episodic or chronic health conditions
- Inpatient care for the evaluation and treatment of acute or chronic health conditions
- Emergency care\*
- Urgent care
- DHS formulary medications
- Specialty referrals
- Surgical and diagnostic procedures not otherwise excluded
- Dental care when necessary for management of a chronic or acute medical condition or patient has an urgent dental need
- Rehabilitation services (Physical therapy, occupational therapy, and services provided at Rancho Los Amigos National Rehabilitation Center)

\*As required by federal EMTALA and State anti-dumping laws, any patient who presents to a hospital emergency department is provided a medical screening examination and care necessary to stabilize his or her condition without regard to Los Angeles County residency.

#### **Unavailable Services**

##### **Group I**

The services identified in Group I are not available in DHS facilities. Group I services include:

- Acupuncture
- Chiropractic
- Organ transplants other than kidneys
- Treatment in an extended or long-term care facility, including skilled nursing and intermediate care services
- Custodial Care
- Board and Care
- Cochlear Implants
- Lasik eye surgery
- Adult day care health services (the adult day care health services provided at Rancho Los Amigos National Rehabilitation Center are operated by a non-profit provider, not DHS)

##### **Group II**

Services identified in Group II are available only when the service is revenue offset (e.g., patient has third-party coverage, patient can remit full charges, service is grant funded, etc.), when

required as a component of medical residency training program, or when the patient is being treated by DHS for an acute or chronic medical condition and the need for the service is determined based on clinical circumstances. Group II services include:

- All procedures and treatment designed primarily to improve appearance or self-image (e.g., cosmetic surgery) rather than ameliorate disability (must be revenue offset)
- Treatment of sexual dysfunction (except when it is a direct complication of a medical condition such as diabetes, hypertension, or depression)
- Some infertility services such as ovulation induction, intrauterine insemination, and tubal surgery are available to provide residents with appropriate training opportunities (In-vitro fertilization and embryo transfers are not available)
- Reversal of voluntary sterilization (must be revenue offset)
- All diagnostic, therapeutic, and rehabilitative procedures and services which are considered experimental or of unproven medical efficacy (must be revenue offset and approved by an Internal Review Board)
- Routine injections of antigens (except for patients with asthma or life-threatening anaphylaxis or patients not responsive to other medical management)
- Eye glasses
- Hearing aids
- Routine audiology exams
- Routine physical examinations
- Non-emergency medical services for non-County residents